

SANTA BARBARA COUNTY DEPARTMENT OF SOCIAL SERVICES SPECIALIZED CARE RATE PROGRAM

PROPOSAL - UPDATE

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Santa Barbara County DSS, Adult and Children Services Branch

Overview

Characteristics of the Specialized Care Population

Santa Barbara is located approximately 100 miles northwest of Los Angeles and 300 miles south of San Francisco. The county occupies 2,735 square miles. Bordered on the west and south by the Pacific Ocean, the county has 110 miles of coastline. The county population is approximately 448,150, an increase of 5.7% since 2010. The median income is \$65,161 with 17% of Santa Barbara County residents living below the Federal Poverty Level.

There are approximately 100,385 children and youth in the county. There are 29,130 children between the ages of 0-5 and 71,255 children between the ages of 6-17. According to the US Census, twenty percent of the county's children live in poverty. Thirty-one percent of the children live in single parent homes.

As of January 1, 2018, there were 364 children in foster care in Santa Barbara County; 257 of those are between the age of 6 and 21; 107 of them are 5 years or younger. During that time 26 were residing in a group home setting, 100 in a relative/NREFM setting, 65 in a non-related foster home setting, 77 in a foster family agency setting, 26 in a guardian-non-dependent setting, and 55 in a SILP. The majority of children are school-aged children, including pre-teens and teens. They come from various family backgrounds and many are part of a sibling group of two or more. In Santa Barbara County, the majority of children in care are Caucasian or Latino. Some may stay in care for a few days, and others for an extended time. Most have been neglected, or are victims of physical, emotional, or sexual abuse. Because of the trauma and disruption they have experienced, some may have special physical, mental, and/or emotional needs.

The Department of Social Services, Santa Barbara County, is requesting a modification of the Specialized Care Rate Program to **adopt the uniform SCI Matrix provided by CWDA** in March 2018, to better align SCI determinations to provide equitable consideration and support to caregivers of children with extraordinary needs. In order to align with the new Home Based Foster Care (HBFC) LOC rates, Santa Barbara County is requesting a modification to the SCR program in order for claims for SCI to be eligible for federal financial participation, the SCI will be paid only to address the behavioral, emotional and physical requirements of the children/youth in care above and beyond those already covered in the LOC rate structure.

Current Population/SCR program and rate structure prior to the implementation of LOC

The current Specialized Care Increment Program makes provisions for children whose diagnosed developmental, medical, physical, and/or psycho-social conditions require care and supervision beyond the normal range for children of the same age:

Level I	Level II	Level III	Level IV
Initial Adjustment Needs	Moderate Needs requiring extra care and supervision	Severe Needs requiring extra care and supervision	Exceptional Needs requiring extra care and supervision
\$107	\$319	\$637	\$955
Three-month time limited rate for the child's adjustment needs when initially placed or entering a new placement. This includes the medical, psychosocial, educational and legal needs of a child for stabilization in his/her new environment.	<ul style="list-style-type: none"> • Child's diagnosed condition requires routine frequency of medical/clinical appointments averaging 1 per week in addition to at least one of the following conditions: <ol style="list-style-type: none"> 1) Child's diagnosed condition results in temporary inability to provide age appropriate self-care. 2) Child's diagnosed condition requires special medication regime, such as aerosol treatments, oral medications, etc. 3) Child's diagnosed condition required special medical procedures such as physical therapy or sensory stimulation 60 minutes a day or less, oral feeding with special requirements, positioning, assistance with dressings, braces and other medical devices. 4) Child's DSM-IV diagnosis requires Foster Care Provider's active participation in the treatment of at least 60 minutes per day such as infant stimulation, play therapy, journal writing, behavioral modification techniques, teaching of adaptive skills. 	<ul style="list-style-type: none"> • Child's condition results in moderate and chronic inability to provide age appropriate self-care. • Child's diagnosed medical condition requires special medical procedures such as physical therapy or sensory stimulation 60 minutes or more per day, apnea monitoring, daily intravenous therapy, catheterization, etc. • Child's DSM-IV diagnosis requires continuous monitoring AND requires Foster Care Provider's active participation in the treatment of at least 60 minutes per day. Suicidal/homicidal tendencies harm to animals, destruction of property. • If more than one condition from Level II exists. 	<ul style="list-style-type: none"> • Child's condition results in severe and chronic inability to provide age appropriate self-care. • Child's diagnosed condition and/or behaviors require around the clock monitoring such as: suicidal/homicidal ideation, fire setting, self-mutilation, sexual aggressive offenses, infant experiencing severe drug withdrawal. • Child's DSM-IV diagnosed condition requires the Foster Care Provider's active, intensive, daily and continuous monitored therapeutic interaction.

Number of children currently being served in the program.

18 total Foster Care Case receiving a Special Care Increment;

6 at Level I, Minimal needs, Rate of \$107

4 at Level II, Moderate Needs, Rate of \$319

4 at Level III, Severe Needs, Rate of \$637

0 at Level IV, Exceptional Needs, Rate of \$955

4 cases are receiving the county of residence SCI rate; Ventura, Riverside, and Fresno.

Diagnoses/requirements for each of the specialized care increment (SCI) levels with the SCI amount for each level.

Minimal needs (Basic Rate _____ + \$107(SCI) = total monthly rate)

Three-month time limited rate for the child's adjustment needs when initially placed or entering a new placement. This includes the medical, psychosocial, educational and legal needs of a child for stabilization in his/her new environment.

Moderate needs (Basic Rate _____ + \$319(SCI) = total monthly rate)

Child's diagnosed condition requires routine frequency of medical/clinical appointments averaging 1 per week in addition to at least one of the following conditions listed in the SCI chart level II.

Severe needs (Basic Rate _____ + \$637(SCI) = total monthly rate)

Child's condition results in moderate and chronic inability to provide age appropriate self-care. Rate could also be applied if more than one condition from Level II exists.

Exceptional needs (Basic Rate _____ + \$955(SCI) = total monthly rate)

Child's condition results in severe and chronic inability to provide age appropriate self-care. Behaviors include but are not limited to, suicidal ideations, fire setting, self-mutilation, sexual aggression offenses, and infant with severe withdrawal symptoms.

The above needs were to be documented by the service worker in the case record and include:

- a. A statement of need from a physician, psychologist, or other person who is treating the child (i.e., a school psychologist, Mental Health worker, etc.)
- b. The effective date the special care rate is to commence.

Proposed SCI plan

Santa Barbara County will utilize the CWDA SCI Matrix adopted in March 2018, which has been updated to the most recent Diagnostic and Statistical Manual of Mental Disorders. Santa Barbara County will use the three tier model outlined in the matrix. Each area of the Matrix will include three tiers and rates will be established based on severity of needs.

Eligible conditions include but are not limited to, behavioral, emotional and/or physical (including health) needs that require additional care and supervision provided by a resource parent above that which is covered by the LOC rate. The additional care needs or activities are being performed or facilitated by a resource parent on behalf of, or in support of a child/youth's placement.

Or;

Changes in care and supervision needs at any time, even after a LOC rate determination request is made by a resource parent, county social worker/probation officer, child/youth, or other appropriate county staff due to the child/youth's changed care and supervision needs.

Proposed Population

The Specialized Care Increment is for all children/youth in the foster care system, including Non Minor Dependents. It is also available to children/youth receiving Voluntary Non-Relative Extended Family Member legal guardianship, Kin-GAP or AAP benefits. It is available to all resource parents. The SCI is not available for Intensive Services Foster Care (ISFC) Therapeutic Foster Care (TFC), Supervised Independent Living Placement (SILP), Dual Agency Regional Center clients*, Group Home, or STRTP placements. Note: For any child/youth who is identified as a Regional Center client, that child/youth is eligible for a Dual Agency Rate. Please refer to the Dual Agency Rate Policy and Procedure.

There are currently 18 children/youth in Santa Barbara County receiving a Specialized Care Increment. With the updated plan, there is a possibility of expansion of SCI benefits within Santa Barbara County. Expansion reasons include Juvenile Probation utilizing Specialized Care Increment and children/youth who meet Level 4 of the LOC rate structure, but do not have an identified Intensive Services Foster Care placement, transition of youth who are currently in Group Home placement that do not meet the new STRTP criteria and will transition to HBFC placement, growing population of youth identified to meet CSEC criteria that will require a higher level of care and supervision to ensure stability in a HBFC placement, etc..

SCI Assessments – Frequency, Duration and When to conduct the SCI assessment

Initial SCI assessment will be completed after a Child and Family Team (CFT) meeting and after the use of the LOC Protocol and any other relevant assessment, including but not limited to existing assessment content (i.e. CANS, etc.) insight from the Resource Parent Report Tool and Service Providers. However, there may be circumstances in which an SCI is needed more immediately in order to stabilize placement. In either case, the SCI can be paid retroactively to the initial date of the request.

Once the LOC rate determination has been made and the youth/child has been identified to have significant health /and or behavior problems requiring additional daily care and supervision needs not met by the LOC level identified, then a Specialized Care assessment can be considered. The LOC Core Domains are: Physical, Behavioral/Emotional, Educational, Health and Permanency/Family Services. For example: If a youth/child scores a 5 – 7 in **one** of the LOC domains of behavioral emotional and/or physical challenges and has no other significant services issues and the LOC level does not meet the identified need than a SCI would be considered.

Initial SCI assessments will align with the LOC Protocol and may occur when one of the following triggering events occur:

- **Initial foster care placement:** After completion of the LOC Protocol and relevant assessments have been completed in consultation with the CFT an SCI assessment may apply.
- **Requested Changes from Caregivers:** When a caregiver, youth or SW in consultation with the CFT (if available), indicates a child/youth's needs have changed. This can apply to initial SCI requests or subsequent requests due to change in the child's needs.
- **Transition from STRTP:** A change in placement for any foster child/youth from an STRTP to a HBFC setting may trigger the need for an SCI assessment.
- **Transition from ISFC/TFC:** When a child/youth is receiving ISFC or TFC and is ending those services, the new LOC rate and subsequent SCI may apply to meet the higher needs of the youth.

If a SCI exists before a LOC determination, the current SCI will remain in place until the next SCI reassessment and/or LOC determination. Other triggering events or circumstances that would warrant an SCI assessment:

- Tools used to conduct assessment including but not limited to, CANS, CSE-IT, etc. indicate a child/youth's needs have changed.

- The Social Worker receives service provider reports, including mental/health, medical health, and developmental reports that indicate a child/youth's needs have changed.

Reassessments will occur every six months and/or if a triggering event occurs, and be completed by the Social Worker:

- Any indicators of change in the child/youth's needs should trigger the use of the LOC Protocol and a new SCI assessment using the proposed Matrix. The assessment process should follow the initial recommendation and occur after a CFT meeting and after the use of other relevant assessments.
- If a SCI reassessment is due and the youth/child's diagnosed condition/needs remain unchanged, in lieu of a new LOC Protocol assessment, only a Specialized Care Increment Classification Matrix, must be completed with current documentation/verification.

SCI Documentation and Authorization Process

The Specialized Care Increment (SCI) initial assessment process will require the utilization of two tools. The first assessment tool, Level of Care (LOC) scoring sheet, will identify the foster care child/youth needs, the resource family's efforts and activities to meet these needs, and match those to the appropriate rate level. This tool will be completed on ALL children placed in out-of-home care. If the care and supervision needs for an identified condition/need is determined to be greater in **one** domain than can be met by the LOC level identified a request for a supplement to the rate can be requested.

Upon receipt of documentation/verification of the identified need the second assessment tool, Specialized Care Increment Classification Matrix, will be completed by the Caseworker for determination of the appropriate Tier based on the child's diagnosed condition, care and supervision needs.

Upon assessing the level of need and the recommended Tier level for SCI, the social worker, will submit the completed Specialized Care Increment Classification Matrix and supporting documentation/verification attached to the CWS Supervisor. Tier 1 and 2 require CWS Supervisor review and approval. Tier 3 will be reviewed and approved by both the CWS Supervisor and Division Chief. All Tier's require six-month reassessments with the same approval process as stated above.

Eligible Conditions:

Santa Barbara County will continue to issue a SCI payment to a resource parent in addition to the determined LOC rate for additional daily care and supervision (provided by a resource parent) that is not otherwise met by the LOC rate. The SCI can be based on the same condition(s) when the care and supervision needs of the child are not met by the determined LOC rate. The following conditions are not intended to include every possible situation, but rather serve as a guideline.

Area/Condition:

1. Medical conditions, including but not limited to:

- Drug exposed history or positive toxicology screen.
- Alcohol exposure (FAS, FASD or FAE)
- Respiratory Difficulties and Diseases
- Failure to Thrive
- Diabetes & Heart Disease
- Hemophilia
- Seizures
- Physical Disabilities/Impairments
- Brain Injury (abuse or accidental)
- Visually impaired (birth, abuse, or accidental)
- Hearing impaired (birth, abuse, or accidental)
- Immune Disorders
- Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis)
- Severe burns

2. Developmental Delays:

- Developmental Delay
- Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.)
- Learning Delays or Disabilities
- Sensory Integration Disorder

3. Behavioral /Mental Health conditions including but not limited to:

- AWOL
- Aggressive and Assaultive
- Animal Cruelty
- CSEC
- Substance Use/Abuse
- Gang Activity
- Fire Setting

- Severe mental health issues-including suicidal ideation and/or Self Harm
- Psychiatric hospitalization(s)
- Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators
- Habitual Truancy
- Three or more placements due to the child's behavior

Payment amounts

County Old Age Rate Current rates plus current SCI prior to implementation of LOC rates:

Age	Age rate 7/1/17-6/30/18	+ SCI level I \$107	+ SCI level II \$319	+ SCI Level II \$637	+SCI level IV \$955
0-4	\$734	\$841	\$1,053	\$1,371	\$1,689
5-8	\$794	\$901	\$1,113	\$1,431	\$1,749
9-11	\$836	\$943	\$1,155	\$1,473	\$1,791
12-14	\$875	\$982	\$1,194	\$1,512	\$1,830
15-21	\$917	\$1,024	\$1,236	\$1,554	\$1,872

Resource Family and LOC rates pursuant to ACL 17-11:

Basic Level Rate	LOC 2	LOC 3	LOC 4
\$923	\$1,027	\$1,131	\$1,235

Per ACL 18-48, it is expected that the total amount paid per case (new LOC rate plus any SCI) will not exceed previous total amount paid per case (old age-based rate plus SCI) prior to implementation of CCR. Utilizing the highest age rate + highest SCI (\$1,872) and subtracting the highest LOC 4 rate (\$1,235) Santa Barbara County proposes a max SCI benefit that can be provided for Tier 3 to be \$637. To simplify the payment amounts, Santa Barbara County will assign the rate of \$235 to Tier I, \$435 to Tier 2, and \$635 to Tier 3.

New Specialized Care Increment (SCI) Rates:

Tier 1	Level of Care plus \$235
Tier 2	Level of Care plus \$435
Tier 3	Level of Care plus \$635

***proposed SCI Matrix attached.**

Proposed implementation dates and a description of how existing families receiving SCI rates will be treated under the new SCI plan; plans for how existing SCI rates might be reduced or increased under the proposed plan.

The Proposed implementation date of the new SCI program will coincide with the proposed full implementation of the LOC Protocol, which is expected to occur on or about July 1, 2018. Existing families receiving SCI rates will remain at the current SCI rate and current age rate until the LOC Protocol is initiated and/or the SCI reassessment is due, whichever comes first. Upon the triggering event of the LOC determination and/or SCI reassessment, the SCI will be reevaluated to determine if the child/youth's needs are met under the new LOC rate and if the SCI will continue to be utilized based on the new criteria. There is a potential that the SCI criteria will no longer apply and/or be reduced based on the LOC assessment of the child/youth's needs.

How families will be notified of the new rates

The proposed SCI protocol and new rates will be shared with families through various methods. The county anticipates the sharing of information to families currently receiving foster care by ensuring the new program is included and/or provided at Child and Family Team (CFT) meetings, at Quality Parent Initiative (QPI) meetings, and at Social Worker monthly face to face contacts with the family. The new SCI protocol will also be included in the Resource Family Approval (RFA) trainings, RFA and placement packets provided to families, CWS Stakeholder meetings and will be accessible on the CDSS website.

When a SCI is issued and/or changed for Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, and Non Related Legal Guardians, a Notice of Action (NA 403) will be sent to the family.

When a SCI is issued and/or rate changed for Kinship-Guardians only a Notice of Action (NA 403A) will be sent to the family.

***NA 403 and NA 403A are attached.**

**NOTICE OF ACTION - APPROVAL,
CHANGE OR DISCONTINUED**

For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians, Intensive Treatment Foster Care and/or Intensive Services Foster Care, Group Homes and Short-Term Residential Therapeutic Programs

(ADDRESSEE)

Notice Date: _____
Case Name: _____
Number: _____
Worker Name: _____
Number: _____
Telephone: _____
Address: _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

APPROVAL

☐ The County has approved your Foster Care aid.

As of _____, the county is **Approving** your Foster Care aid of \$ _____ per month.

This aid is for: _____.

CHANGE

As of _____, the county is **Changing** your Foster Care aid from \$ _____ to \$ _____.

This aid is for: _____.

Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.

- ☐ Your case had a rate increase.
☐ Your case had a rate decrease.
☐ Your case has been issued an Infant Supplemental Payment.
☐ Your case has been issued a Supplemental Care Increment.
☐ The child has countable income.

_____ for _____
(Income Type) (Child's Name)

of \$ _____ is effective _____.

This is counted as _____ income in the Foster Care budget calculation.

☐ Other: _____

- ☐ Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

**NOTICE OF ACTION - APPROVAL,
CHANGE OR DISCONTINUED**

For Resource Families, including homes certified by a Foster Family Agency, County Approved Relative Homes, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians, Intensive Treatment Foster Care and/or Intensive Services Foster Care, Group Homes and Short-Term Residential Therapeutic Programs

(ADDRESSEE)

Notice Date: _____
Case Name: _____
Number: _____
Worker Name: _____
Number: _____
Telephone: _____
Address: _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

DISCONTINUED

☐ Your case has been discontinued.

As of _____, the county is **Discontinuing** your

Foster Care aid of \$ _____ per month.

Here's why:

☐ You are no longer providing foster care
for: _____

☐ The child's dependency case has been dismissed.

☐ He/she is no longer living in your home/facility. The County will stop paying for Foster Care from the day the child leaves your home/facility. He/she no longer meets the age rules.

☐ The youth is at least 18 years of age and does not qualify for extended foster care.

☐ The youth is at least 21 years of age.

☐ The child has too much income.

☐ The child has too much property. See attached page.
If the County figured that the child's vehicle or other property was worth more than you think it's worth, you can give the County proof that it is worth less. Ask the County how. If you can prove it is worth less the child may get Foster Care aid.

☐ The legal guardianship was terminated.

☐ You moved out of the State of California.

☐ You did not return your completed redetermination paperwork.

☐ Other: _____

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh
☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- ☐ Cash Aid ☐ CalFresh ☐ Medi-Cal
☐ Other (list) _____

Here's Why: _____

- ☐ If you need more space, check here and add a page.
☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

**NOTICE OF ACTION - APPROVAL,
CHANGE OR DISCONTINUED****For Kinship - Guardians Only**

Notice Date: _____

Case Name: _____

Number: _____

Worker Name: _____

Number: _____

Telephone: _____

Address: _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**APPROVAL**☐ The County has approved your Kin-GAP aid.As of _____, the county is **Approving** Kin-GAP aid
of \$ _____ per month.

This aid is for: _____

CHANGEAs of _____, the county is **Changing** your Kin-GAP aid
from \$ _____ to \$ _____.

This aid is for: _____

Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.

- ☐ Your case had a rate increase.
- ☐ Your case had a rate decrease.
- ☐ Your case has been issued an Infant Supplemental Payment.
- ☐ Your case has been issued a Supplemental Care Increment.
- ☐ The child has countable income.

_____ for _____
(Income Type) (Child's Name)

of \$ _____ is effective _____.

This is counted as _____ income in the
Kin-GAP budget calculation.☐ Other: _____

- ☐ Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

**NOTICE OF ACTION - APPROVAL,
CHANGE OR DISCONTINUED****For Kinship - Guardians Only**

Notice Date: _____

Case Name: _____

Number: _____

Worker Name: _____

Number: _____

Telephone: _____

Address: _____

_____(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.**DISCONTINUED**☐ Your case has been discontinued.As of _____, the county is **Discontinuing** your

Kin-GAP aid of \$ _____ per month.

Here's why:

☐ You are no longer providing support
for: _____

He/she no longer meets the age rules.

☐ The youth is at least 18 years of age and does not qualify for
extended Kin-GAP.☐ The youth is at least 21 years of age.☐ The child has too much income.☐ The child has too much property. See attached page. If the
County figured that the child's vehicle or other property was
worth more than you think it's worth, you can give the County
proof that it is worth less. Ask the County how. If you can prove
it is worth less the child may get Kin-GAP aid.☐ The legal guardianship was terminated.☐ You did not return your completed redetermination paperwork.☐ Other: _____

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If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

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- Your Child Care Services may stay the same while you wait for a hearing.
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If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh
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You do not have to take part in the activities.

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- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- ☐ Cash Aid ☐ CalFresh ☐ Medi-Cal
☐ Other (list) _____

Here's Why: _____

- ☐ If you need more space, check here and add a page.
☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Santa Barbara County Specialized Care Increment Matrix
Effective with the Implementation of the Level of Care

The Specialized Care Increment provides a supplemental payment in addition to a basic rate that pays for the cost of supervision to meet the additional daily care needs of a child/youth

Tier	I	II	III
Rate	\$235	\$435	\$635

The following table is not intended to include every possible condition or situation, but rather as some basic guidelines. In general, the conditions are suggested to be the minimum for a particular Tier, especially for Tier 3.

Area/Condition (circle condition)	<u>Tier 1</u> **If three (3) or more of the conditions listed exist, rate will be increased to the next higher level.	<u>Tier 2</u> **If four (4) or more of the conditions listed exist, rate will be increased to the next higher level.	<u>Tier 3</u>
Health/Physical (As diagnosed by a physician) Drug exposed/Pos Tox Fetal Alcohol Spectrum Disorder Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Cancer HIV-AIDS Seizures Organ Failure Transplant Candidate Sickle Cell Anemia Diagnosis of Cerebral Palsy (CP) Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Cleft lip and/or palate Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns Other: _____	<input type="checkbox"/> 1-3 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics. <input type="checkbox"/> Mild breathing difficulties requiring prescription medications with close supervision. <input type="checkbox"/> Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) <input type="checkbox"/> Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. <input type="checkbox"/> Diabetes with special diet – no insulin or medication needed. <input type="checkbox"/> Failure to thrive due to mild feeding difficulties <input type="checkbox"/> Seizure disorder (Abnormal EEG, medication required for seizure activity) <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet.	<input type="checkbox"/> 4-6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Positive toxicology screen at birth <input type="checkbox"/> Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. <input type="checkbox"/> Apnea monitor required (when discontinued, rate to be reduced to appropriate level) <input type="checkbox"/> Moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Severe respiratory difficulties requiring multiple medications, breathing treatments (not including the use of inhalers) CPT (Chest Physical Therapy) on a daily basis. <input type="checkbox"/> Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. <input type="checkbox"/> Fetal Alcohol Syndrome <input type="checkbox"/> Shunt placement-functioning stable <input type="checkbox"/> Sickle Cell. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc.)	<input type="checkbox"/> More than 6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> AIDS – Asymptomatic, stable <input type="checkbox"/> FAS with moderate to severe complications (verifiable medical diagnosis) <input type="checkbox"/> Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions. <input type="checkbox"/> Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure 6. <input type="checkbox"/> Seizure disorder requiring close monitoring and multiple medications to control. <input type="checkbox"/> Continuous oxygen <input type="checkbox"/> Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. <input type="checkbox"/> Tube feedings (i.e. GI, OG, NGO, Bolus feedings or continuous feedings (12 hours or less per day) <input type="checkbox"/> Hemophiliac requiring close monitoring to prevent injury

Area/Condition (circle condition)	Tier 1 **If three (3) or more of the conditions listed exist, rate will be increased to the next higher level.	Tier 2 **If four (4) or more of the conditions listed exist, rate will be increased to the next higher level.	Tier 3
	<input type="checkbox"/> HIV positive, clinically well <input type="checkbox"/> Fetal Alcohol Effect <input type="checkbox"/> Sickle Cell – SB + Thal, Mild Symptoms. <input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. <input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Minimal bracing equipment is needed (i.e. AFO's) <input type="checkbox"/> Other:	<input type="checkbox"/> Cleft lip requiring surgical intervention and special feeding assistance. <input type="checkbox"/> Physical abnormalities requiring medical intervention. <input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. <input type="checkbox"/> Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) <input type="checkbox"/> Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). <input type="checkbox"/> Scoliosis requiring assisted daily exercise and/or bracing. <input type="checkbox"/> Other:	<input type="checkbox"/> Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc.) <input type="checkbox"/> Sickle Cell SC, Severe Symptoms <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Broviac line <input type="checkbox"/> Colostomy Ileostomy <input type="checkbox"/> Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would otherwise require placement in an institutional facility. <input type="checkbox"/> Child receiving chemotherapy <input type="checkbox"/> Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. <input type="checkbox"/> Severe Cerebral Palsy or physical disability requiring adaptive equipment (non-ambulatory) <input type="checkbox"/> 2nd/3rd degree burns requiring daily dressing changes. Generally, will apply to a child under 7. <input type="checkbox"/> Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. <input type="checkbox"/> Combined cleft lip/palate. <input type="checkbox"/> Severe brain injury requires total assistance with activities for daily living (i.e. near drowning, shaken baby syndrome, battered child syndrome, accident etc.) <input type="checkbox"/> Scoliosis requiring surgical intervention and extensive rehabilitation <input type="checkbox"/> Systematic Immunosuppressant Conditions <input type="checkbox"/> Other:

Area/Condition (circle condition)	Tier 1 **If three (3) or more of the conditions listed exist, rate will be increased to the next higher level.	Tier 2 **If four (4) or more of the conditions listed exist, rate will be increased to the next higher level.	Tier 3
Neurodevelopmental Disorders (DSM-5 Diagnoses; as diagnosed by a physician or mental health professional) Intellectual Disabilities Communication Disorders Attention-Deficit Hyperactivity Disorder (ADHD) Specific Learning Disorders Motor Disorders Autism Spectrum Disorder (ASD) Other: _____	<input type="checkbox"/> Moderate learning delay / disability requiring daily care provider assistance. <input type="checkbox"/> Mild intellectual disability with behavioral issues. <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder, mild. Behavior modification required but no medication prescribed. <input type="checkbox"/> Autism Spectrum Disorder (ASD), Level 1. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Moderate intellectual disability. If Regional Center client, documentation required. * <input type="checkbox"/> Regional Center client: 0-3 years of age to be included in Early Intervention Program. Documentation required from Regional Center social worker. * <input type="checkbox"/> ADHD, moderate <input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> Autism Spectrum Disorder, Level 2 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Severe learning disabilities / delays requiring extensive daily assistance from the care provider & secondary behavior problems requiring assistance from a behaviorist. <input type="checkbox"/> Severe to Profound intellectual disability. Multiple impairments, less than 18 months developmentally, non-ambulatory. If Regional Center client, documentation required. * <input type="checkbox"/> ADHD, severe. Behavior modification needed in conjunction with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision and monitoring by the care provider. <input type="checkbox"/> Autism Spectrum Disorder, Level 3. <input type="checkbox"/> Other: _____
Behavioral/Emotional Issues AWOL Aggressive and Assaultive Animal Cruelty CSEC Substance Use/Abuse Gang Activity Fire Setting Severe mental health issues- including suicidal ideation and/or Self Harm Psychiatric hospitalization(s) Adjudicated violent offenses Significant property damage Sex offenders/perpetrators Habitual Truancy	<input type="checkbox"/> Behavior modification required by no medication prescribed. <input type="checkbox"/> The child presents some risky behaviors sometimes placing self and/or others at risk. <input type="checkbox"/> Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. <input type="checkbox"/> Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> The child is at very high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. <input type="checkbox"/> Stabilization of disruptive behaviors requires special intervention and discipline strategies. <input type="checkbox"/> Care provider needs special training and participates in counseling with the minor to accomplish this. <input type="checkbox"/> Identified 601 status (truant, beyond control of caregiver)	<input type="checkbox"/> Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the minor's disruptive, dangerous, and high risk behaviors. <input type="checkbox"/> Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment. <input type="checkbox"/> Identified 602 status (formal ward of Court) <input type="checkbox"/> Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed.

Area/Condition (circle condition)	Tier 1 **If three (3) or more of the conditions listed exist, rate will be increased to the next higher level.	Tier 2 **If four (4) or more of the conditions listed exist, rate will be increased to the next higher level.	Tier 3
Three or more placements due to the child's behavior Other: _____		<input type="checkbox"/> Chronic resistance to behavior modification strategies. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Excessive anti-social behaviors which strictly limits unsupervised social interaction. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances. <input type="checkbox"/> Other: _____

*Regional Center clients: If a child/youth is identified as a dual agency client, served by both Child Welfare and the Regional Center, the child/youth is eligible for a Regional Center Dual Agency rate. See the Regional Center Dual Agency Policy and Procedure.

The reassessment due date is _____.

Resource Parent Name	_____	Resource Parent Signature	_____	Date	_____
Social Worker Name	_____	Social Worker Signature	_____	Date	_____
<input type="checkbox"/> Supervisor Approval	_____				
Supervisor Name	_____	Supervisor Signature	_____	Date	_____
<input type="checkbox"/> Division Chief Approval / Tier 3	_____				
Division Chief Name	_____	Division Chief Signature	_____	Date	_____